F1900000 1525

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900339864249

02/05/20--01016--015 **35.00



MAR 0 2 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 3, 2020

Order#: 153402-245

Re: TSO NORMANDY SELF STORAGE GP SPE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35,00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	_	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of GA
-		registered agent, or both, in the State of Florida.
1. The name of t	the corporation: TSO NORMANDY	SELF STORAGE GP SPE, INC.
		, SUITE 2000 ATLANTA, GA 30309
3. The mailing a	iddress (if different):	
4. Date of incorp	poration/qualification: 03/26/2019	Document number: F19000001525
	d street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)
	C T CORPORATION SYSTEM	201
	1200 SOUTH PINE ISLAND RO	AD ZOZO FEB
	PLANTATION, FL 33324	
6. The name and (if changed):	d street address of the new registere	and agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
		P.O Box NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly as ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
الو) ﴿	LE Clarie	Jill Cilmi, Vice President
<i>- - - - - - - - - -</i>	re of an officer or director	Printed or typed name and title
of my duties, an document is bei corporation has	id I am familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
By: Y	a Yokuhi	01/31/2020
	hattire of Registered Agent	Date
11 signing on be	chalf of an entity:	
	Asst. Vice President	
1	yped or Printed Name	

* * * FILING FEE: \$35.00 * * *